

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016781

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4006

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 25 1962

VS 300:
Rev. 4/59)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 3033 Magazine	
3. NAME OF DECEASED (Type or print) First Middle Last Mildred Fowler		4. DATE OF DEATH Month Day Year 4 15 62	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-8-1908
9. AGE (last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAID	
11. KIND OF BUSINESS OR INDUSTRY HOTEL		12. BIRTHPLACE (City and state or country) St Louis, Mo.	
13. CITIZEN OF WHAT COUNTRY USA		14. NAME OF HUSBAND OR WIFE ELMER FOWLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. INFORMANT MRELMER FOWLER 3033 MAGAZINE	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Pulmonary Embolus Interval between onset and death Undet. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombosis, Lower Extremity Undet. DUE TO (c) 466x			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 4-1-62 to 4-15-62 and last saw her alive on 4-15-62 Death occurred at 9:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.D. Keenan M.D.		22b. ADDRESS 2601 N. Whittier Street	
22c. DATE SIGNED 4-17-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 4-20-62	
23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK		23d. LOCATION (City, town, or county) (State) St Louis Co. Mo.	
24. FUNERAL DIRECTOR LOVE UNDERTAKING CO. 3103 WASHINGTON		25. DATE RECD. BY LOCAL REG. APR 17 1962	
26. REGISTRAR'S SIGNATURE Earl Smith. M.D.			

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Dwight J. Gammie

Licensed Embalmer No. 5011

P. O. Address

5064 Wells St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.